

CALL 1-800-222-1811 FOR PICKUP OR TRACKING OF ALL YOUR PACKAGES

**EXPRESS  
MAIL**

UNITED STATES POSTAL SERVICE®

WWW.US



CORPORATE ACC

POSTAGE AND FEES PAID

## HOW TO USE:



\*E V 3 1 8 4 1 9 6 5 2 U S \*

Addressee C PY  
Label 11-F June 2002

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

## ORIGIN (POSTAL USE ONLY)

|                                                                                                        |                                                                   |                          |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|
| PO ZIP Code                                                                                            | Day of Delivery                                                   | Flat Rate Envelope       |
|                                                                                                        | <input type="checkbox"/> Next <input type="checkbox"/> Second     | <input type="checkbox"/> |
| Date In                                                                                                |                                                                   | Postage 1                |
| Mo. Day Year                                                                                           | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM    | \$                       |
| Time In                                                                                                | Military                                                          | Return Receipt Fee       |
| <input type="checkbox"/> AM <input type="checkbox"/> PM                                                | <input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day | COD Fee Insurance Fee    |
| Weight                                                                                                 | Int'l Alpha Country Code                                          |                          |
| Lbs. Ozs.                                                                                              | Acceptance Clerk Initials                                         | Total Postage & Fees     |
| <input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday |                                                                   | \$                       |

## DELIVERY (POSTAL USE ONLY)

|                                                                                                                                                                                                                                     |                                                         |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|
| Delivery Attempt                                                                                                                                                                                                                    | Time                                                    | Employee Signature |
| Mo. Day                                                                                                                                                                                                                             | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Date                                                                                                                                                                                                                       | Time                                                    | Employee Signature |
| Mo. Day                                                                                                                                                                                                                             | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Date                                                                                                                                                                                                                       | Time                                                    | Employee Signature |
| Mo. Day                                                                                                                                                                                                                             | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Addressee's signature is required. If delivery is made without obtaining signature of addressee, a signature of delivery employee constitutes valid proof of delivery. |                                                         |                    |
| <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday                                                                                                                              |                                                         |                    |

Federal Agency/Dept. No. or Postal Service/Act. No.

Customer Signature

## FROM: (PLEASE PRINT)

PHONE

## TO: (PLEASE PRINT)

PHONE

any

**EXPRESS MAIL****DATE NOT****DETERMINED**The  
the E

PRESS HARD

You are making 3 copies.

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